



BULLETIN

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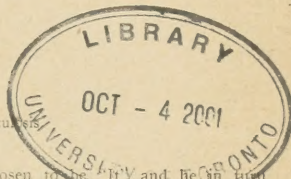
MARCH, 1917

No. 6

Health Games

By W. F. CLOWES

Executive Secretary, Iowa Association for the Prevention of Tuberculosis



An editorial in a recent issue of one of the eastern medical journals commending the inauguration by one of the large colleges of a department to teach health in conjunction with athletics is rather apropos of our idea of giving children games with a hygienic teaching. Not that it is expected that a very definite teaching will flow out of the games, unless the school teachers or play leaders utilize the games for that purpose, but there should result a sort of sub-conscious acquirement by the children of a knowledge of the principles involved against the time when these will come into proper appreciation.

The editor of the BULLETIN has requested me to state how the games originated. It was during the midst of the poliomyelitis epidemic in New York that I read in one of the Des Moines newspapers that the children of the east side in New York had developed a new game called "Polio," in the playing of which the players sought to elude the one who was "It," and who bore the name "Polio." I showed the item to two of our nurses but they saw nothing suggestive, until I asked whether we could not develop some good games with a health teaching. They became enthusiastic, and we decided to secure the practical assistance and sponsorship of an outside committee. The State Superintendent of Public Instruction became its chairman and the rest of the committee is composed of the physical directors of the local public schools, Y. M. C. A. and Y. W. C. A., the Assistant Superintendent of the Des Moines Public Schools, the famous cartoonist "Ding," and a local writer of fairy stories. Much credit for the original draft of the games belongs to the latter, Miss Olivia M. McCabe, and Miss Helen S. Hartley, our Field Secretary; but the real work has been done by Miss Margaret A. McKee, physical director of Des Moines public schools, who through her instructions to the teachers and their work with the pupils, has whipped the games into shape.

Not much is claimed in the way of originality, as considerable borrowing has been done from old familiar games. It is expected that several other games will follow these three, the next prob-

ably bearing a teaching about quarantine. It is hoped that play leaders will take up the idea and carry it further.

Fresh Air Game

Two captains, Sunny Jim and Gloomy Gus, choose sides. The play space is marked off so as to allot three-fourths to Sunny Jim's side, to be called the "Open Window Room," and the other fourth will belong to Gloomy Gus's side and will be called the "Closed Window Room." A space in the corner of each territory is to be marked off to be called the "Prison," sufficient in size to hold all the players on a side. The players will count twos, and all the number ones will be on Sunny Jim's side, and the number two's on Gloomy Gus's side. Each side will choose their captain. The followers of Sunny Jim may be called "Sunbeams" and of Gloomy Gus, "Pale Faces." The game is for the players to venture into their opponents' territory, and when a player is tagged by an opponent while on the latter's territory he will be held as a prisoner. If while a prisoner is being taken to the prison one of his own side should reach him untagged, both may return to their own territory and neither may be tagged while on their way home. Likewise, one prisoner at a time may be rescued from prison by one of his own side. Otherwise a prisoner must not leave the prison. The game terminates when all of one side have been imprisoned. The advantage is designedly with the "Open Window Room," for it will be more difficult for a prisoner to escape over a larger space than it would be over the more restricted territory—both territories have the same length of dividing line.

Swat the Fly

A circle is marked near the center of the ground, and at irregular distances circles of similar size are indicated to represent pieces of "sticky fly paper." Surrounding this is another circle, or otherwise indicated boundary line. The zone between the two circles is the swatting zone. One of the players

is chosen to be "It" and he in turn chooses his guards (about one guard to three or four flies). "It" must remain in the small central circle and the guards must protect "It" from being tagged by the flies. Should there be sufficient players, one should be placed on each piece of "sticky fly paper," and these may swat any fly coming within reach without moving out of their little circle. All the other players are called flies, and when a fly is swatted by a guard, or treads on a "sticky fly paper," or is touched by a player stationed as such, the fly is dead and retires to a place outside the swatting zone called the "Dump." The flies are in safety only when outside of the boundary line. A guard is "out" when "It" has been tagged three times. Each guard is numbered from one up and retires in numerical order to the "Dump." "It" takes no part in the swatting unless his guards are all out, when he may leave his circle and elude the flies or swat them as he can.

Sunshine and Shadows

One of those playing the game impersonates a Goblin and stands in the center of a large shadow cast by a house or a tall tree. Since he is a creature of the dark the Goblin must never venture outside of his shadow into the sunny places which stretch all around him. The other boys and girls impersonate sunbeams and begin the game by joining hands and dancing around the Goblin, singing "Old man (or old woman) of the dark, old man of the dark, come join in our fun and our play; we'll tread on your toes, but each one of us knows if we're caught we'll be lost for the day." They then dance around the Goblin separately, stepping within his shadow when they dare, but always being careful to keep beyond his reach. The Goblin attempts to tag any one who ventures within the magic shadow, and if he is successful he takes his place as a sunbeam outside and the one who is tagged must stand in the center of the shadow and be the next Goblin. The game is then begun as before.

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OF TUBERCULOSIS

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Nursing Course in Pitts-
burg University

The University of Pittsburg is conducting a course on Public Health and Public Welfare for nurses and social workers. The course is being given in conjunction with the Tuberculosis League of Pittsburg. Such topics as the following are included in this course, which runs throughout the entire year:

Opportunities in the Nursing Field.
Smoke, Dust and Ventilation.
Infectious Diseases.

The Pay Dispensary and Nursing Service.

Relation of Blindness and Diseases of the Eye to Public Welfare.

Alcoholism as a Medical and Social Problem.

Poverty and Disease.
Public Health Nursing.

The Relation of Oral Hygiene to Public Health.

Child Welfare.

Housing as a Public Health Problem.

Similar courses are being offered in other parts of the country. There is great need for the extension of this type of education for nurses and physicians.

Fresh Air and Boy
Scouts

The boy scouts of Philadelphia form a particularly desirable group to work with. Each boy is a bright, active leader in his group, whether at school, at work or at play.

To interest the boy scouts in the prevention of tuberculosis and the promotion of public health, the Pennsylvania Society has offered, through scout headquarters, a fresh air badge to all boy scouts who pass a prescribed examination which consists of answering satisfactorily 12 of the 16 questions following. The 12 questions answered must include 1, 4, 5, 7, 11, 12, 13 and 16.

- 1—Describe proper method of ventilating a room.
- 2—Tell why night air is not dangerous.
- 3—What must you remember at meals.
- 4—Why should every person have an individual drinking cup?
- 5—Why should the house fly be exterminated?
- 6—Is tuberculosis hereditary?
- 7—Precautions you should take in coughing and sneezing.
- 8—State one predisposing cause to tuberculosis.
- 9—What is the direct cause of tuberculosis?
- 10—Tell the three ways in which a person may contract tuberculosis.
- 11—Give four symptoms of this disease.
- 12—a—What is the value of good health in avoiding tuberculosis?
b—What is the value of sunshine in avoiding tuberculosis?
c—What is the value of fresh air in avoiding tuberculosis?
d—What is the value of good food in avoiding tuberculosis?
- 13—How may tuberculosis be prevented?
- 14—What are the essentials in the treatment and cure of tuberculosis?
- 15—Tell why it is not advisable to sleep with a consumptive.
- 16—What can you, as a Boy Scout, do to help prevent tuberculosis?

The answers to all these questions are given in story form in an eight-page pamphlet, a copy of which has been given to each scout in the city of Philadelphia. A second pamphlet, "Tuberculosis Manual for Scoutmasters," has been prepared for the use for scoutmasters who stand in the place of teacher, pal and guide to thousands of boys.

Motion picture talks on personal and public health have been given before troops of Boy Scouts. These talks are a great assistance to scouts preparing for the merit badge examinations on public and personal health, in addition to giving them information on the prevention of tuberculosis. The Pennsylvania Society for the Prevention of Tuberculosis, 1701 Chestnut Street, Philadelphia, will be glad to forward copies of the two pamphlets and examination blanks upon request.

R. N. Whaley.

Plan for a County
Hospital

Dr. W. H. Watterson, head physician of the Cook County Tuberculosis Hospital (Oak Forest, Ill.), and Dr. L. F. Sutton of his staff, have designed a plan for a model county tuberculosis hospital of forty beds which should be of interest to readers of the BULLETIN.

The authors start out with the major premise that neither the cottage nor the lean-to type of construction are adapted to care for advanced cases, and that they are unduly expensive to maintain, though they may be somewhat cheaper to build. Their minor premise is that most county hospitals should be designed to care primarily for advanced cases, since it is not easy to secure incipient cases, and furthermore, the purpose of the hospital should be to prevent the spread of infection rather than primarily to care for cases. To do this the advanced cases should be cared for.

The hospital unit, or block plan is the basis of the proposed hospital. The plan calls for a complete hospital unit in a single two-story-and-basement building. The basement, on a level with the ground, should contain amusement and work rooms, besides laundry, store-rooms, laboratory, etc. The first and second floors contain wards, porches, nurses' and administration quarters, lavatories, baths, toilets, etc. The patients' quarters are single rooms and two-room wards. Each group of three wards (six patients) has a porch. The single rooms for very sick patients have no porches. About all that the building lacks to make it a complete hospital is a kitchen and dining room, which could be provided in the basement, and quarters for help, which could be provided by the addition of another story. A copy of a little pamphlet describing these plans may be had on request to the National Association.

Who Should Provide Clothing For Tuberculosis Patients and Their Families?

Clothing Committee Report of the Boston Association

The Boston Association for the Relief and Control of Tuberculosis was asked in the fall of 1915, by Dr. Cleveland Floyd, Director of the Out-patient Department of the Boston Consumptives' Hospital, to assist in securing for needy tuberculous patients who were entering the State Sanatoria, clothing suitable for outdoor life during the winter.

The problem seemed to resolve itself into three parts:

First—Supplying clothing to patients about to go to the State Sanatoria;

Second—Supplying clothing to patients already in the State Sanatoria; and

Third—Supplying clothing to patients staying at home and to their families.

Aim

The committee felt that the relief resources of the community should be exhausted before the Association undertook to collect clothing for distribution to tuberculous patients, and recommended employing a special worker to study the situation under its direction. This work was begun January 1, 1916.

It has been the aim of the Clothing Committee:

First—To call the attention of workers in both tuberculosis and relief agencies to the existence of a special problem in the outfitting of tubercular patients.

Second—To get the agencies touching this problem to establish definite policies for dealing with these cases.

Third—To decide whether or not the Boston Association should supplement relief of these patients.

Plan

The work has been carried on along two lines; first, through case work in the hope that in solving individual problems general difficulties would be met; and, second, through collecting information from relief and health agencies concerning experience with the matter of clothing patients.

Case Work

The Boston Consumptives' Hospital Department employs a staff of visiting nurses who visit every tuberculous patient reported to the Board of Health, continuing the visiting for home supervision and instruction if necessary. Arrangements for sanatorium care, for relief, etc., are made by these nurses. Their work is directed by the Superintendent of Nurses of the Out-patient Department, at 13 Dillaway Street.

These nurses have referred fifteen patients to the Clothing Committee, because they have met difficulties of various sorts in trying to furnish suitable clothing. In so far as possible, pressure has been brought to bear to have a larger group referred, so it is supposed that this fifteen represents the total

number of persons for whom it was difficult to obtain clothing between January 1, 1916, and April 1, 1916. Three patients have been referred from other sources.

A total of sixteen cases have been handled. Thirteen have been supplied with clothing by the following agencies: in some instances one person has been helped by more than one agency.

Boston Provident Assn.....	7 cases
Associated Charities of Boston.....	3 cases
Morgan Memorial	1 case
St. Vincent de Paul Society.....	1 case
Cecilian Guild	1 case
A small society in St. Augustine's Parish	1 case
Lend a Hand Society.....	1 case
American Invalid Aid.....	2 cases
Dorchester Relief Society.....	1 case

Placing Responsibility

The problem seems to resolve itself into a question of placing the responsibility for the relief of the tubercular patients. At present, as stated elsewhere, the securing of the relief devolves on the Boston Consumptives' Hospital Visiting Nurse. Many question the wisdom of the tuberculosis nurse's handling this technical and non-nursing piece of work. They say she is more valuable on the educational and medical side. Still she is doing it. From what source should she obtain the relief, and, failing to secure what is necessary from her early choices, where shall she turn with assurance that the supply will be forthcoming.

Admittedly this is a relief problem. The usual program for securing aid should be as follows:

- A. Natural resources.
 1. Rights. For example:
 - a. Family.
 - b. Benefits on Insurance of various sorts.
 2. Personal ties. For example:
 - a. Church.
 - b. Employers.
- B. Private Relief Sources.
 1. Special Agencies. For example:
 - a. Societies for helping various nationalities.
 - b. Invalid Aid.
 2. General Relief Societies.
 - C. Public Relief Sources.
 1. Local.
 - a. Overseers of the Poor.
 - b. Health Department.
 2. State.
 - Through Sanatorium Administration.

The Committee has been considering the relations of the sources mentioned to the clothing problem.

Confidential Exchange of Information

The Secretary has, in the case work, in each instance as a first step inquired of the Confidential Exchange of Infor-

mation, which is conducted by the Associated Charities of Boston, in order to find out what social agencies had previously known the families. This is a short-cut to the finding out whether there have been investigations of the resources of the family, or whether the nurse must investigate this phase of the situation herself or refer the family to some other agency, for example, the Associated Charities.

Two of the sixteen had never been registered. The others were already known to from two to nine agencies; four by two agencies; six by four agencies; and one each by five, six, seven and nine agencies. In every case valuable help has been given by these agencies in supplying facts concerning the patients and their families which led to a decision on the question of to whom to turn for aid. Of the thirteen who have been supplied with clothing, six have been wholly supplied, and two in part, by agencies who have previously known them; one in part by an agency suggested by one which had known the family. That is, in eight of the thirteen a connection was established by using the Confidential Exchange of Information which solved the difficulties. Agencies so supplying are:

Boston Provident Association.....	6 cases
Associated Charities	3 cases
Morgan Memorial	1 case

In view of these facts the Committee has suggested that the Boston Consumptives' Hospital Department Trustees instruct the nurses to inquire of the Confidential Exchange of Information concerning their patients and to confer with interested agencies.

Natural Resources

From her work in the family the nurse may get to know intimately the matters grouped as Natural Resources, but experience shows that often she does not know them even fairly well and cannot be expected to do so in addition to her own work.

One patient was found to have a legal guardian who asked to be allowed to handle the case himself.

Three of the series of cases received help from their churches. In one instance the patient had been employed previous to illness in one of the city department stores. The head of the Employees' Association in the store was seen and said that the directors would probably vote to help the girl, but the time before her departure was too short to put the plan before them, and he was not authorized to spend any money in this way.

This explanation is included here to indicate a possible source of help in other cases, and to show the need of time to develop plans.

(Continued in column 2, page 4)

Plans For Red Cross Seal Sale of 1917

Although Christmas is still nine months off, active work in preparation for the Red Cross Seal sale is well under way. Thirty workers met at Washington on February 10th, and outlined the policies to govern the sale this year. Among the principal new ideas proposed are the following:

1. The National Association will make a study of the mail sale with particular reference to the use of acknowledgment cards and the costs of different agents. Readers of the BULLETIN who can contribute anything to these or similar problems relating to the mail sale, are urged to send in their data as soon as possible.

2. The following suggestions were proposed and adopted, not as rules or regulations but merely as suggestions to agents in regard to the sale of seals by school children:

(a) Every agent distributing seals to children to sell should carefully explain that payment must be made at one cent each for all seals not returned at a specified date. This should usually be not later than the last day of school before Christmas and never later than the first school day in January.

(b) In the event of an honest loss of seals by a child, the teacher or other agent may account for them by stating the number lost and the name of the child in his report.

(c) The agent should instruct children not to solicit sales of any person who has affixed a seal at his doorway. He should also instruct them not to solicit sales in a way to annoy persons addressed, and should take care to see that children are not subjected to bad influences.

(d) The agent selling seals through school children should, wherever possible, secure the co-operation of superintendent, principals and teachers in supervising and systematizing the sale.

3. With regard to the design for the seal the sentiment seemed to be in favor of a seal of more artistic quality and also one in which some other motif than the Santa Claus was used. A Christmas tree design presented in sketch by T. M. Cleland, the designer of last year's seal, seemed to appeal to most of those present.

4. As a result of a discussion of the relation of donations to the Red Cross seal sale, it was proposed to amend the contract of agency appointments so that the agent hereafter pays his ten per cent not on the number of seals sold but upon the gross amount received in payment for seals sold. Thus an agent who receives a large check in payment for a small number of seals must pay 10 per cent on the total amount received and not on the actual number of seals sold, unless it is distinctly stated by the donor that the excess amount is a donation.

5. Considerable discussion about the use of Red Cross Seal funds for relief purposes finally summed itself up in a request that the National Association

study this problem. A special committee of the association is already at work doing this.

6. The ratio of seals allowed free to agents was left as in 1916, four free seals for every one sold, the agent to pay the cost of seals in excess of that ratio.

7. In discussing the kinds of advertising matter, there seemed to be a strong sentiment against the use of blotters if a standard, attractive circular which would allow for local color could be used instead. The blotters will probably not therefore be issued this year. It was proposed to discontinue the giving of lantern slides, but sentiment seemed to be against it.

8. Following a discussion of the use of seals for advertising purposes, this resolution was adopted: *Resolved*, that agents shall be allowed to use for advertising purposes not to exceed one per cent (1%) of the number of seals supplied by the American Red Cross, provided that such seals are not sold nor offered for sale and that the agent certifies the number of such seals on a form to be provided for the purpose.

9. The National Association will make a study also of the percentages allowed by state to local agents and will submit a report on this as soon as possible.

Who Should Provide Clothing?

(Concluded from page 3)

Private Relief Sources

The private organizations are constantly helping patients of the sort referred to the Committee. It is generally the custom to decide, after securing detailed knowledge of each individual case, what will be done to help. Most of the agencies (see paragraph on Confidential Exchange) feel a sort of responsibility in families which they have known and will continue to give help that is needed. Many object to supplementing public relief.

These agencies feel the responsibility of expending money contributed to them and the need of investigating a family referred to them. This unfortunately produces friction occasionally when a nurse feels her word is not accepted or when relief is not immediately forthcoming. The necessity of allowing time for this investigation emphasizes the desirability of calling in the assistance of the relief agency as long as possible before the actual departure of the patient for the sanatorium.

Overseer of the Poor

It is generally the practice of private relief agencies to supply clothing as well as other needs of the persons in their care. As the municipal relief agency, the Overseers of the Poor spend annually very large sums for needy

persons. They were approached on the subject of furnishing clothing to the tuberculous poor, particularly those whom they had been aiding. The Secretary of the Board stated that the Board feels that clothing should be provided by the family or through private sources. In some cases the Mothers' Aid cash allowance is supposed to be sufficient to include the purchase of clothing.

Ten of the group of sixteen cases were known to the Overseers of the Poor and five of them were receiving Mothers' Aid as follows:

No. in family	Earning	Mothers' Aid
9	\$8.00	\$10.00
8 (3 adults)	12.50 (Contribution of 2)	8.00
5	0	8.00
5	0	6.00
3	0	6.00

Conclusions

From the small number of cases referred to the Committee it appears that the Boston Consumptives' Hospital nurses are usually able to secure from regular relief channels whatever clothing is needed by patients about to go to sanatoria and by patients staying at home and by their families, too. The problems which seemed to them difficult, were, in most cases, solved with comparative ease through using the Confidential Exchange of Information and by taking time enough for definite planning in each instance. The Committee suggests that the Trustees of the Boston Consumptives' Hospital instruct its visiting nurses to inquire of the Confidential Exchange of Information, in the belief that this will lessen their difficulties in securing relief for their patients.

The Committee fully realizes with what difficulty the nurses find time for studying each case but feels that this argues for fuller co-operation between the nurses and existing relief agencies for the maintenance of a high standard of case work, rather than for supplementing the nurses' efforts by employing a worker for certain details crowded from their busy days.

There exists a small group of cases for whom it is exceedingly difficult to obtain help, persons who would be legitimate public charges, that is dependent on the Overseers of the Poor for help. The attitude of this Board has already been stated. The Committee believes that this gap should be bridged by the extension and development of the public relief department's work, that creating any new agency might temporarily adjust the difficulty but would postpone any real solution of the problem; and that, therefore, for the present, the means of supplying these patients must be left to the ingenuity of the nursing staff.

The Committee believes, however, that patients already in a sanatorium should be provided with what additional clothing they need by the sanatorium, if their families or persons, or organizations naturally interested in them do not provide a sufficient supply.

